



Lebanese Republic  
Ministry of Public Health

## National Mental Health Program

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10 September, 2014 World Suicide Prevention Day

*"Every 40 seconds, someone around the world dies of suicide."* World Health Organization

#### Contact

mh.moph@gmail.com

#### The programme is supported by

the International Medical Corps with the support of the Department for International Development (DFID), World Health Organization, and Unicef.



## Launching the National Mental Health Program Ministry of Public Health

*“The MoPH has been providing mental health services through inpatient care and provision of psychotropic medications for many years. Building on this experience and that of other countries, as documented in the WHO 2013 “Building Back Better” report, Mental Health could be improved in many ways, even in times of crises and emergency. It is the will of the MoPH to build on the momentum created by the local and international mental health actors to promote mental health in Lebanon and to ensure better mental health service provision to all persons living in the country.”* Walid Ammar MD, Ph.D. Director General - MoPH



### Launching Ceremony

Under the patronage of H.E. Mr. Wael Abou Faour Minister of Health, The Lebanese Ministry of Public Health (MoPH) launched the National Mental Health Program on Thursday May 8th 2014 to integrate mental health into the primary care system. This program is the product of collaboration between the ministry, World Health Organization (WHO), UNICEF and the International Medical Corps (IMC) and supported by UK Aid/DFID.

In addition to H.E. Minister Faour, the launching ceremony was attended by representatives from key partner organizations, including WHO Representative Hassan al-Bushra, IMC Country Director Colin Lee and UNICEF Emergency Coordinator Luciano Calestini and Dr. Walid Ammar along with a number of representatives from local and international organization including the head of parliamentary health committee, Lebanese syndicate for nurses, head of the Lebanese Psychiatric Society, head of the Lebanese Psychotherapy Association among others.

The national MH Program seeks to establish preventive and curative services for persons with mental health disorders through a comprehensive approach covering everything from legislation to capacity building. During the first two years, the program will focus on the integration of mental health into primary care and referral to tertiary care.

### Vision

Mental Health preventive and curative services of assured quality, are universally accessible through multidisciplinary approach, with emphasis on human rights, and cultural relevance.

### Values and Guiding Principles

The National Mental Health programme will be constructed around a set of values and guiding principles that stem from the basic human rights for information protection and health for all. These shall be translated into universal accessibility to patient centered services, for all without discrimination, in a continuum of care approach, while ensuring community involvement.

### Programme Pillars

- Pillar 1: Integration of Mental Health services within Primary Health Care
- Pillar 2: Community mobilization
- Pillar 3: Access to advanced care
- Pillar 4: Rights of the vulnerable groups



## Launching the National Mental Health Program (ctn'd) Ministry of Public Health



### Areas of action

Shifting towards a comprehensive community-based Mental Health model, including universal coverage and full respect of human rights of the service users is a process and not an event. The programme will be covering the following areas of actions: “Governance, Financing, Legislations and Human rights, Organization of services, Human resources, Procurement and distribution of essential medicines, Quality Improvement, Information system, Promotion, Prevention, Rehabilitation, Advocacy, Research and Evaluation of policies and services, Alcohol and substance abuse, Refugees Mental Health, National programme for torture survivors and their families”.

For the MoPH, One main priority for the first 2 years is the integration of mental health into primary care, linkage with the secondary level and referral to tertiary care.

### Programme outcomes for the upcoming two years:

- Mental health services integrated in 25 % of the primary health care centers.
- Referral linkages between primary health care centers and outpatient specialized mental health services established and strengthened.
- Community awareness and understanding of MNS disorders raised.
- Policy, plans, and strategies for care of people with MNS disorders developed and coordinated.

## The Team



**Dr Rabih Chammai**  
Psychiatry  
International Masters in Mental Health Services and Policies  
Head of the National Mental Health program, MoPH



**Mr Wissam Kheir**  
Clinical Psychologist,  
Psychotherapist Ma. Clin. Psych.  
Technical Officer of the National Mental Health program, MoPH



**Mrs Sandra Hajal Hanna**  
BS in Nursing  
MPH in Health Behavior and Education  
Program Officer of the National Mental Health Program, MoPH

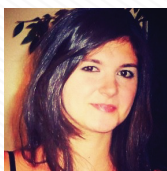
## In addition to people supporting us from other agencies



**Ms Edwina Zoghbi**  
BS in Nutrition and Dietetics  
Teaching License in Psychology  
MPH in Health Promotion and Community Health  
Public Health Officer at WHO



**Mr Ibrahim Abou Khalil**  
Mental Health and Psychosocial Coordinator,  
International Medical Corps



**Ms Jihane Bou Sleiman**  
Mental Health Field Manager,  
International Medical Corps  
MPH - Health management and policy, AUB  
BSN - Bachelor of science in



**Ms Zeina Hassan**  
Mental Health Technical Manager, International Medical Corps  
BA International Relations  
Foreign policy Analysis,  
TUFTS University  
MPH - Health Promotion, AUB

## Adaptation of the Mental Health Gap Action Program (mhGAP) to the Lebanese Context

The National Mental Health Program and the World Health Organization have been actively involved in advancing mental health services and quality of care and de-stigmatizing patients suffering from mental health conditions in Lebanon. This is further intensified in view of the Syrian crisis which led to the exponential increase in the needs for mental health services both for Syrian Refugees as well as the Lebanese host community. Aiming at integrating mental health into primary health care, WHO developed the mental health Gap Action Program (mhGAP) for low- and middle-income countries aiming at scaling up care for mental, neurological and substance use disorders.

WHO has started training on the mhGAP since 2012 and based on observations and recommendations from these trainings, there was a need identified for the addition of a local context and the inclusion of specific local issues, to ensure that the modules reflect the real situation in Lebanon.



In line with this, the mhGAP adaptation workshop was conducted on the 7th of June 2014 in Beirut. This activity was under the "Instrument For Stability" project funded by the EU and in coordination with the Ministry of Public Health, implemented through UNHCR in partnership with WHO and other partners. Three specialists in the mhGAP were facilitating the discussion and process of adaptation; Dr. Rabih El Chammay, head of the National Mental Health program in the Ministry of Public Health, Dr. Hanna Fahmy from WHO Head Quarters and Dr. Khalid Saeed from the regional office. Specialists who participated in the discussions are experts in the field of mental health in Lebanon and have been working in all aspects pertaining to mental health; clinical, public mental health, research, academia, advocacy, capacity building, humanitarian relief and more.

## Mental Health: From Humanitarian to Development and Capacity Building



With the advent of the Syrian crisis three years ago, massive influx of Syrian Refugees to Lebanon has increased over 1.1 million which has significantly impacted the demand on the primary health care system to provide health services. The growing evidence that mental health conditions are on the rise, further intensifies the need for quality mental health services at the primary health care level.

Aiming at integrating mental health into primary health care, WHO had started the preparations in 2012 and 2013 for the integration of mhGAP at the level of PHC. In 2014, WHO accelerated training on the mental health Gap Action Programme (mhGAP) which seeks to improve access and care to services for people with mental health disorders. The training material was developed by WHO, adapted to Lebanon context, and is designed for healthcare providers who are not specialized in mental health, neurology, substance use and suicidology, in low- and middle-income countries.

This activity is under the “Instrument For Stability” project funded by the EU and in coordination with the Ministry of Public Health, implemented through UNHCR in partnership with WHO and other partners. At a preliminary stage, specialized health care professionals were trained on how to provide training on the mhGAP to non-specialized primary health care staff. The objectives are to widen the pool of professional trainers on the mhGAP, to increase their capacity in facilitating and teaching skills and in performing on-site support and supervision. In 2013, a first set of workshops resulted in training 4 psychiatrists and 10 psychologists/ psychotherapists. In May 2014, a total of 5 psychiatrists, 9 psychologists/ psychotherapists, and 2 senior social workers were trained on the mhGAP- Intervention Guide, training skills and support and supervision guidelines.

Future activities involve training health staff from 45 primary health care centers across Lebanon on the mhGAP and providing them with regular on-site support and supervision.

## PHC Directors meeting 19th of June 2014

International Medical Corps (IMC) and the Ministry of Public Health recognized a meeting with PHC directors which took place on the 19th of June 2014 at “Hotel Rotana hazmieh”. This meeting was organized to address the MHPSS needs of PHC centres and coordinate for the implementation of mhGAP trainings that will be conducted by the National Mental Health Program (NMHP) and WHO. A total number of 49 participants have attended this meeting, that covered the following;

1- Introduction of the NMHP

2- Presentation of NMHP

3- mhGAP Program Presentation.

After the meeting, the PHC directors showed a great deal of interest to start the trainings and were motivated to start the coordination process.

## Mental Health and Psychosocial Support workshop

On 17 June 2014, following the priority action items on the workplan developed by the MHPSS taskforce in Lebanon, a full-day workshop was held at the Crowne Plaza Hotel in Hamra, Beirut to achieve three priority outcomes identified by the taskforce.

The first was to build a common definition of MHPSS, based on the IASC Guidelines for MHPSS in Emergencies (2007) and the definition proposed by the Lebanon PSS Technical Review (2014).

The second outcome was to propose a list of activities that have not yet implemented at each Level of the IASC Intervention Pyramid in addition to the existing quality interventions identified by the PSS Technical Review.

The third outcome was to agree on standardised TORs for six of the most common PSS staff positions being hired in the Lebanese context (“Volunteer”, Animator, Outreach Worker, Social Worker, Case Manager and Psychologist).

The workshop was facilitated by taskforce Technical Leads Dr. Rabih El Chammy (MH) and Ms. Alexandra Chen (PSS) and logistically supported by WHO representative Ms. Edwina Zoghbi. The three outcomes were achieved by over 40 taskforce members who were present and collaborated in Breakout groups throughout the day.

## Publications

Correspondence Letter to the Lancet  
El Chammy Rabih; Ammar Walid; Syrian Crisis and Mental Health reform in Lebanon.  
The Lancet, Volume 384, Issue 9942, Page 9 ,494 August 2014

August 2014, a correspondence letter was published by the Lancet showcasing the the difficulties faced by the Syrian refugees and by the health system in Lebanon. The letter highlights the resilience shown by the Health system and the Mental Health reform that started using the momentum created by the response to the Syrian crisis. The authors end by stressing the importance of international collaboration to resolve the crisis and help the refugees to go back home.



As a joint effort between the Ministry of Public Health (MOPH) and the Knowledge-to-Policy (K2P) Center at AUB, a policy dialogue meeting was held on April 24, 2014, under the title “Securing Access to Quality Mental Health Services in Primary Health Care in Lebanon”. The MOPH has recently established a long-awaited Mental Health Program, and the integration of mental health into primary care is one of its key priorities. The policy dialogue, a first of its kind in Lebanon, was planned to support this priority. A pre-circulated brief served as the starting point for deliberations among the participants about the topic.

The K2P Policy Dialogue was attended by diverse stakeholders: policy and decision makers; representatives from the Ministry of Public Health (MOPH), World Health Organization (WHO), United Nations High Commissioner for Refugees (UNHCR), and International Medical Corps (IMC); representatives from local non-governmental organizations (Skoun, IDRAAC, Omm El Nour, etc.); as well



health scholars including the American University of Beirut (AUB) and Saint Joseph University (USJ). The policy dialogue hosted 25 people and was facilitated by Dr. Fadi El-Jardali, Director of K2P with the presence of Dr. Walid Ammar, the Director General of the Ministry of Public Health.

1 out of every 4 Lebanese individuals suffers from a mental disorder throughout their lives, but, only a minority obtains treatment (Karam et al., 2008). It is estimated that every year, 152 individuals in Lebanon die

due to a mental disorder or through suicide (Institute for Health Metrics and Evaluation, 2013). There is limited knowledge of people suffering from mental health problems and their families about mental illness, as well as their limited access to mental health care services in primary health care (PHC) settings in Lebanon. The underlying factors of this problem stem from the health system arrangements in place. The integration of mental health into the PHC network is still weak (WHO, 2011; WHO & MOPH, 2010; Hijazi et al., 2011). By integrating mental health into primary care centers, it would be possible to start identifying mental health conditions at an early stage and provide the care needed.

The dialogue sparked insight about this pressing health issue. Dialogue participants discussed both the overall framing of the problem and the underlying factors of the problem that had been described in the policy brief. Different elements of a policy approach to address the problem were also discussed among

the participants. The deliberations that took place will inform future actions to be taken by the MOPH through its Mental Health Program, as well as by the stakeholders through their respective institutions.

Some dialogue participants emphasized that the newly established Mental Health Program at the MOPH should support and lead the implementation of the following steps by working with different stakeholders to:

- Identify the mental health conditions to be included in the minimum package through an adaptation workshop and initiate the training
- Coordinate with the available service providers in the catchment areas of the PHC centers including secondary care, to leverage on existing resources and establish feasible referral systems
- Collaborate with academic and research institutions for the research needs of the Mental Health Program, including understanding help-seeking behavior of people with mental health problems, and exploring people's perception and attitudes towards Primary Care in Lebanon
- Other concerned groups also expressed their willingness to take on the following actions:
  - Involve professional bodies and academic institutions to increase the percentage of medical students who pursue psychiatry
  - Launch more synergy among psychologists in the country
  - Design and launch a patient advocacy initiative/campaign to raise mental health awareness among the general public. All dialogue participants agreed that securing access to quality mental health services in primary care in Lebanon is very well needed. They pointed out that this policy dialogue meeting was an important opportunity for a large and diverse group to deliberate about the problem and elements. They emphasized the need to move forward to the next steps.

